Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012394	A. BUILDING _____ B. WING _____	C 04/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR GROVE ASSISTED LIVING LLC	5865 SUGAR LN PLAINFIELD, IN 46168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00106528. Complaint IN00106528 - Substantiated. No deficiencies related to the allegations are cited. Survey date: April 11, 2012 Facility number: 012394 Provider number: 012394 AIM Number: N/A Survey team: Lora Brettnacher, RN, TC Connie Landman, RN Census bed type: Residential: 81 Total: 81 Census payor type: Other: 81 Total: 81 Sample: 3 Sugar Grove Assisted Living was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00106528. Quality review completed 4/17/12 by Jennie Bartelt, RN.	R 000		